

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frank M. Baker</i>		Town <i>Church Hill</i>		County <i>La es</i>		State <i>MARYLAND</i>	
Died at <i>Church Hill</i>		Date of death <i>1908</i>		Age <i>67</i>		Months <i>2</i>	
Month <i>March</i>		Day <i>10</i>		Year <i>1908</i>		Days <i>9</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Indiana</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah A. Baker</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sarah A. Baker</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>6 months</i>	
Immediate <i>Drops and Asthenia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. G. Capogall</i>	
		Address <i>Church Hill</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Ellen Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Brownsville* Town*D. A. Co* County

MARYLAND

Date  
of death *1908*Month  
*3*Day  
*29*

Age

Years  
*20*Months  
*8*Days  
*11*

Sex

*Female*Color or  
Race*Black*Birth-  
place*D. A. Co*

Occupation

*Housewife*Where Residing if not  
at place of death*Brownsville*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Henry Barnes*Father's  
Name*J. D. Green*Father's  
Birthplace*D. A. Co*Mother's  
Maiden Name*Eva Johnson*Mother's  
Birthplace*D. A. Co*Name of person giving  
information*Lucena Turner*How related  
to deceased*Wife*

## CAUSES OF DEATH

**27**

Primary

*Tuberculosis (Pulmonary)*

How long

*1 year*

Immediate

*Exhaustion*

How long

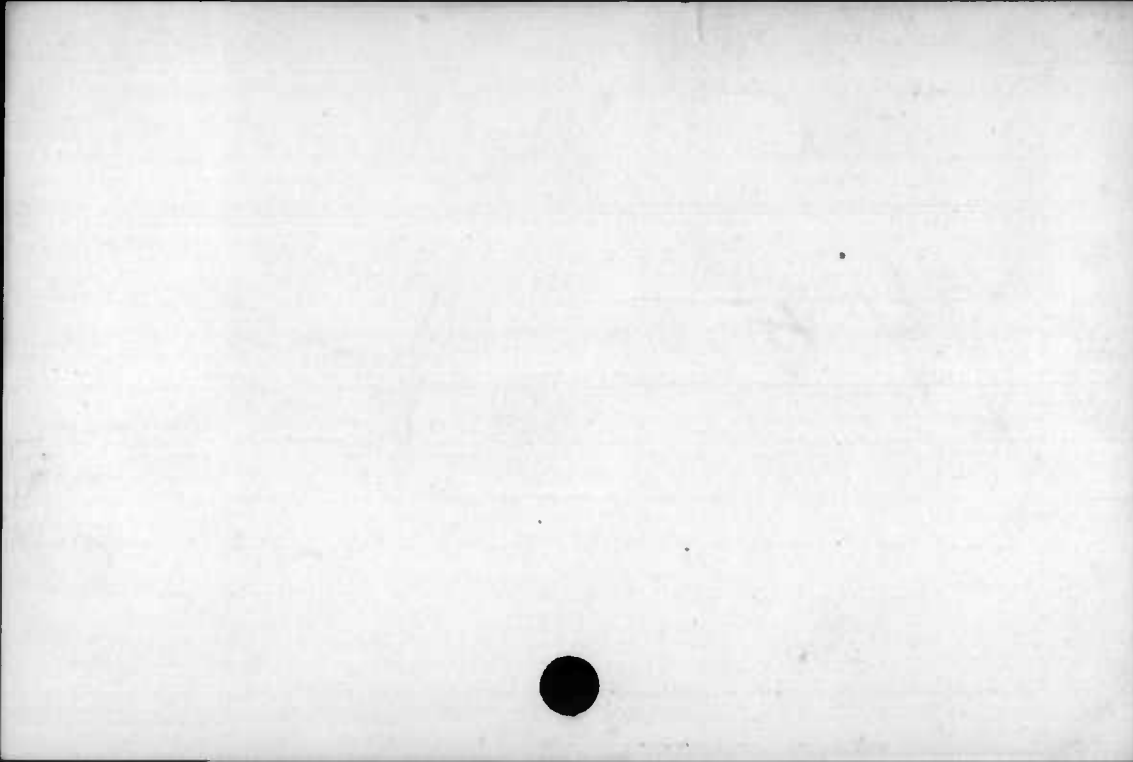
*1 week*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. F. Smith*

Address

*Centerville**Md.*

Accident or Suicide?

*No.*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

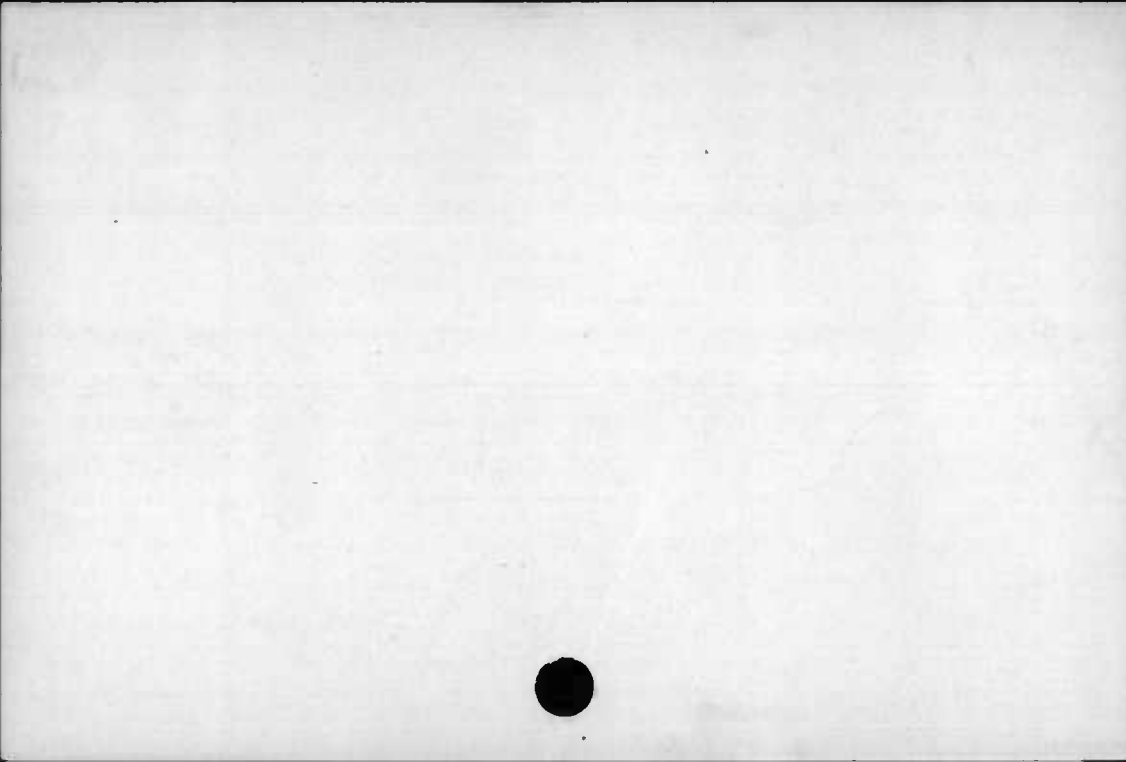
Died at <i>Wye Mills</i> <sup>Town</sup>		<i>Lumacum</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>3</i>	Day	<i>7</i>
Age		<i>58</i>		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation <i>wife</i>		Where Residing if not at place of death <i>Wye Mills</i>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Jacob Bidgell</i>			
Father's Name <i>Henry Cornish</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Mary - last name Not Known</i>		Mother's Birthplace <i>Not Known</i>			
Name of person giving Information <i>Jacob Bidgell</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of Heart &amp; Extensive Sclerosis of Arteries</i>	How long	<i>3 years</i>
Immediate	<i>Abdominal Ascites, Heart Failure</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Stack M.D.</i>	
Burial, <i>Wye Mills Md.</i>		Address <i>Wye Mills Md.</i>	
Accident or Suicide?			



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## CERTIFICATE OF DEATH

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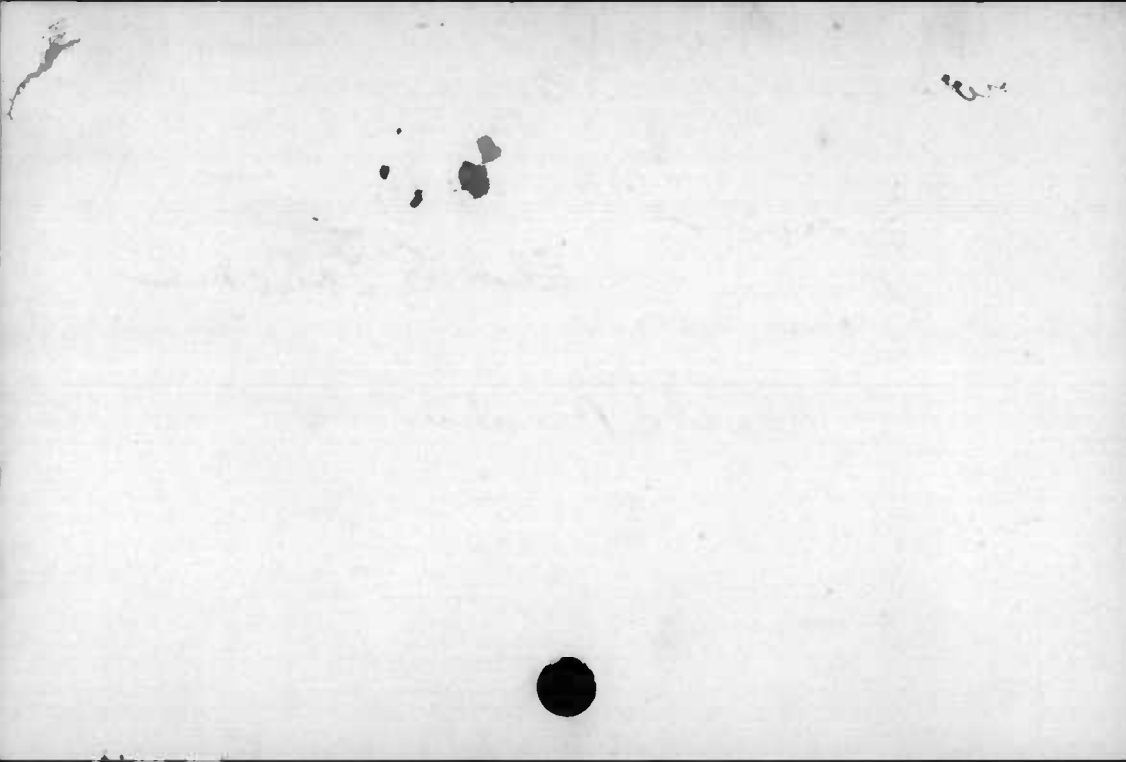
Died at <u>Chester</u> <sup>Town</sup>		<u>La</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>		Month <u>March</u>	Day <u>10</u>	Age <u>37</u>	Months <u></u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Laurel</u>		
Occupation <u>Barber</u>	Where Resided if not at place of death <u>New York City</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Margie C. Scott</u>				
Father's Name <u>Arthur Brown</u>	Father's Birthplace <u>Laurel</u>				
Mother's Maiden Name <u>Mary J. Robinson</u>	Mother's Birthplace <u>Laurel</u>				
Name of person giving information <u>Grace F. Brown</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>1 year</u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. Henry Register</u>
	Address <u>Stevensville, Md.</u>
Accident or Suicide? <u>No</u>	<u>Remains have been fumigated with</u>





Name  
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George Edward Brown

## CERTIFICATE OF DEATH

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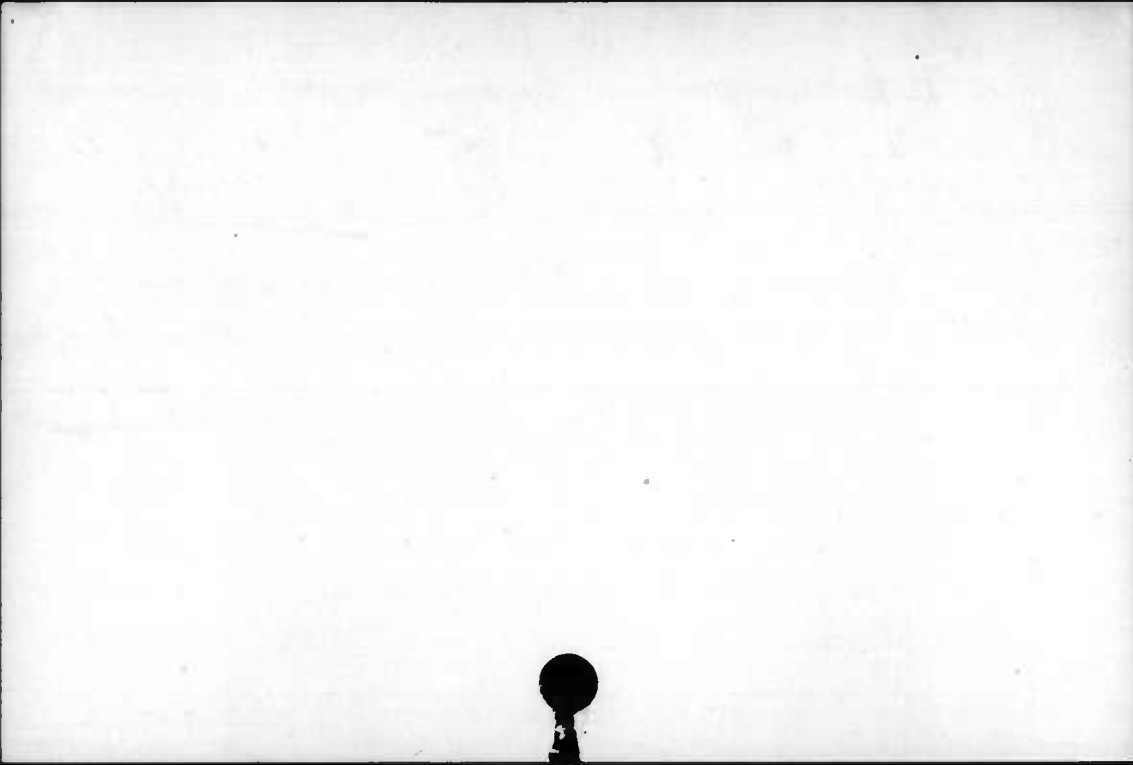
Died at <i>Ruthsburg</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>9</i>	Age <i>65</i>	Years <i>11</i>
Sex <i>male</i>	Color or Race <i>White-American</i>		Birth-place <i>md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>md</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elen. S. Tolson</i>				
Father's Name <i>Edwin Brown</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Elizabeth Walls</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Elen S. Brown</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long
Immediate <i>Heart Failure</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Fealy</i>
	Address <i>Centerville P.R. No. 4, Md.</i>
Accident or Suicide?	



Name  
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William H. Byron

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

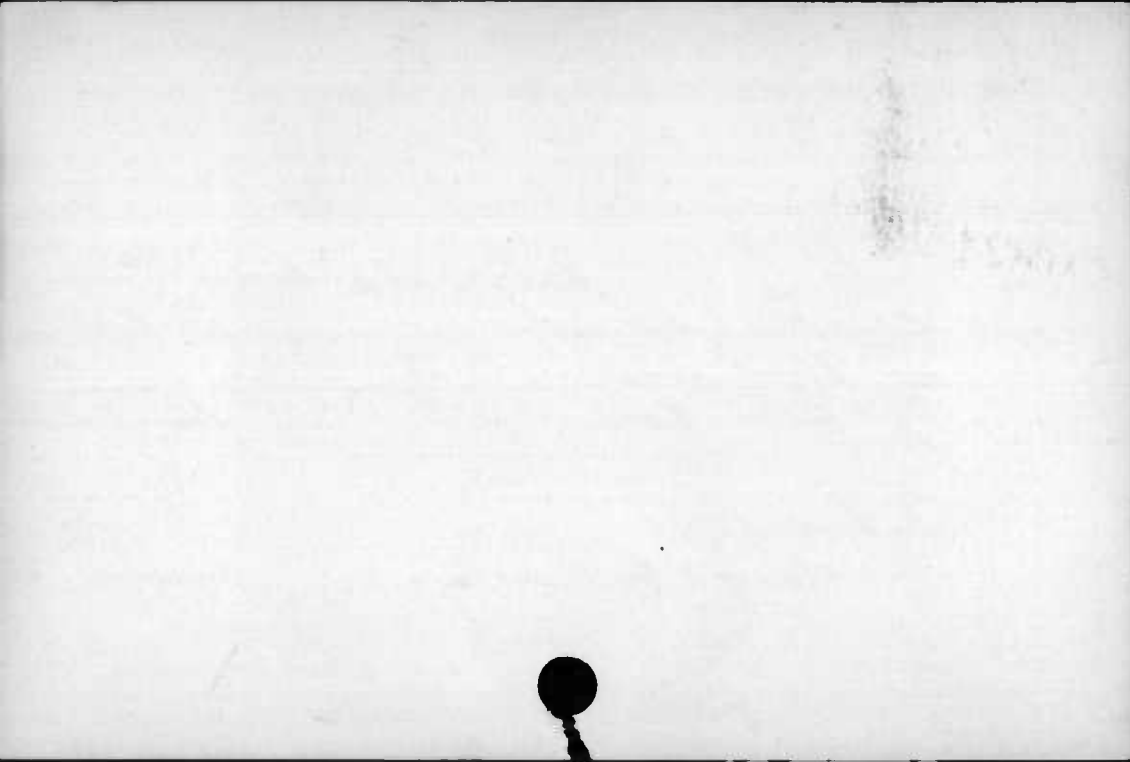
Died at <i>Ken Roberts</i> Town <i>Green Knobs</i> County <i>MARYLAND</i>			
Date of death <i>1908 March 24</i>	Age <i>56</i>	Months <i>6</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ken Co. Ind</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>		
<input checked="" type="checkbox"/> Single or <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Sarah Schmitt</i>		
Father's Name <i>William Byron</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ernie Shaw</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mary Byron</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Carpenter</i>
	Address <i>Church Hill Ind.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name  
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Dora Carroll

## CERTIFICATE OF DEATH

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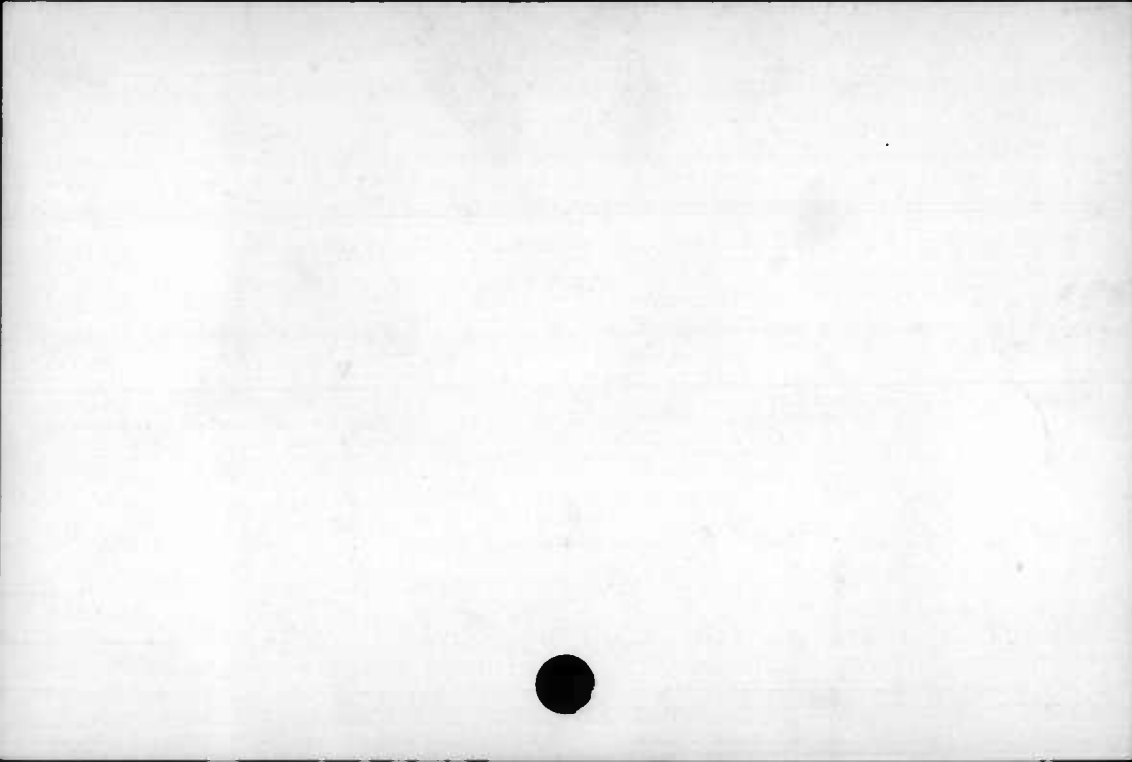
Died at <u>Mar</u> <sup>Town</sup> <u>Sussexville</u> <sup>County</sup> <u>Jern</u> <u>and</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>13</u>	Age <u>42</u>
Sex <u>Female</u>	Color or <u>red</u>	Birth-place <u>Mo</u>	Months <u></u> Days <u></u>
Occupation <u>Housewife</u>	Where Residing if not at place of death <u></u>		
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>Alexander Carroll</u>		
Father's Name <u>Charlie Sparks</u>	Father's Birthplace <u>Mo</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u></u>		
Name of person giving information <u>Abx Carroll</u>	How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>7 years</u>
Immediate <u>Wasting, &amp; exhaustion</u>	How long <u>8 mos</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. E. Sudby</u>
	Address <u>Sussexville Mo</u>
Accident or Suicide?	



Name  
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No name ~~Clark~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Churchville</i>		County <i>Laurens</i>		MARYLAND	
Date of death	Month <i>March</i>	Day <i>12</i>	Age <i>—</i>	Months <i>one</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Laurens Md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Lydia Clark</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Brenna Brooks</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>I have never seen this</i>	How long <i>—</i>
Immediate <i>Chilled have no doubt</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. S. [illegible]</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	





Name  
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Caroline Elliott

## CERTIFICATE OF DEATH

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NEAREST FRIEND

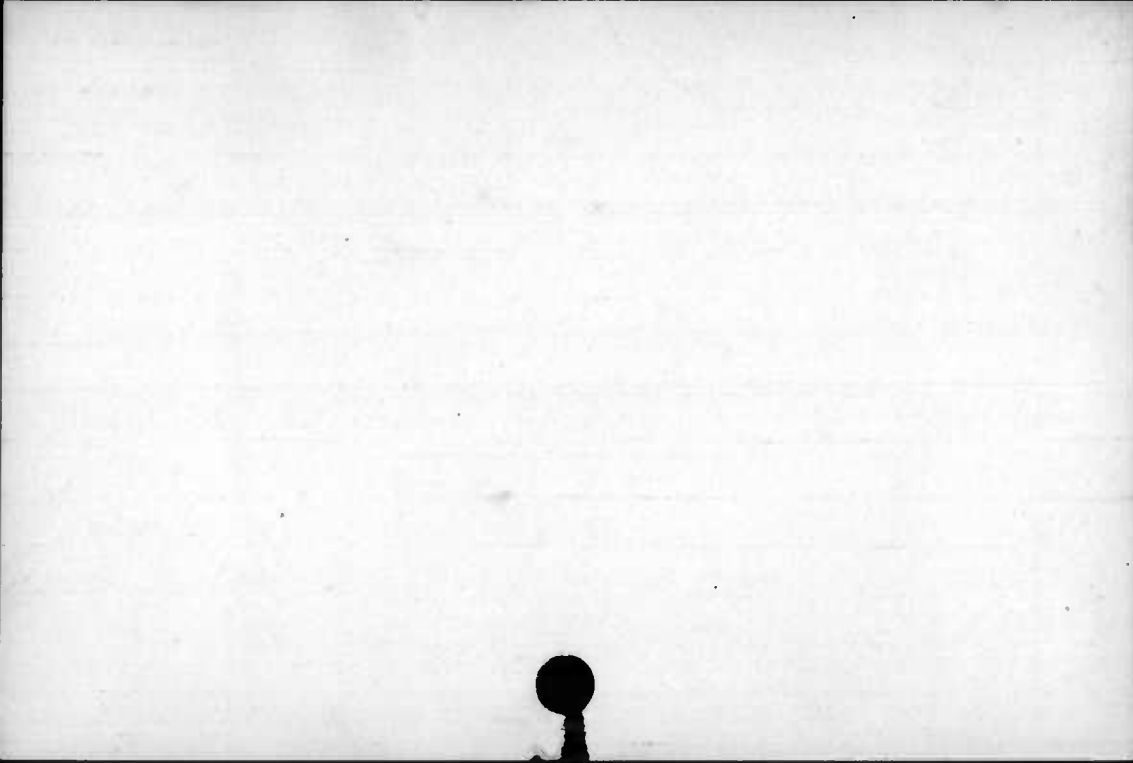
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		March	26	Age	70		
Sex	Female	Color or Race	Black	Birth-place	Caroline Co		
Occupation	None			Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Edward Elliott			Father's Birthplace	Caroline Co		
Mother's Maiden Name	Don't know			Mother's Birthplace	Caroline Co		
Name of person giving information	Addelaide Garnett			How related to deceased	Daughter		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	4 or 5 yrs
Immediate	Uremia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Garnett M.D.
		Address	Centerville
Accident or Suicide?	no		



Name  
in  
Full

Pearl Hallie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Baltimore* Town*2. a* CountyDate  
of death *1908*Month  
*3*Day  
*6*Age  
*10* Years

Months

Days

Sex  
*Female*Color or  
Race*Cal*Birth-  
place*Baltimore Md*

Occupation

*School*Where Residing if not  
at place of death*Place of death*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*James Hallie*Father's  
Birthplace*2. a. les*Mother's  
Maiden Name*Margie Washington*Mother's  
Birthplace*2. a. les*Name of person giving  
In formation*James Hallie*How related  
to deceased*Father*

## CAUSES OF DEATH

27

Primary

*Tuberculosis*

How long

*2 1/2 yrs*

Immediate

*Exhaustion*

How long

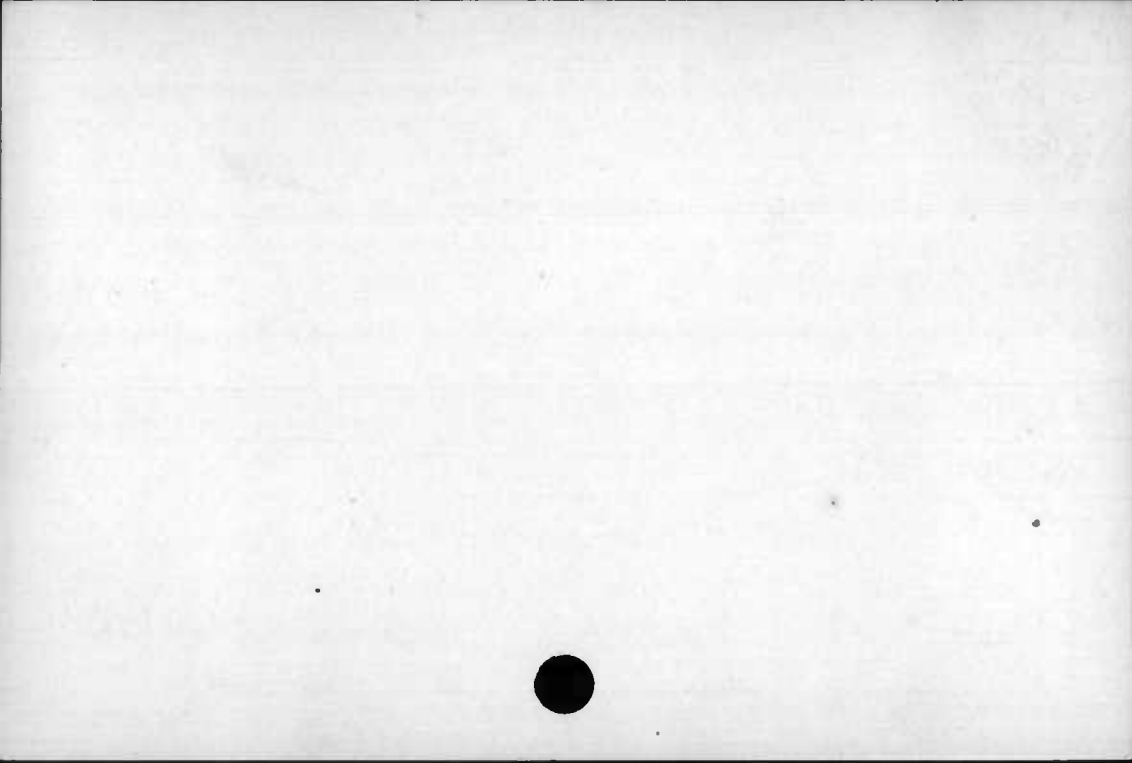
*2 day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*My or grandm  
Baltimore  
Md*

Accident or Suicide?

*no*



Name

in  
Full

Isabella Handy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wye Island</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Mar-	Day	27
Sex <u>Female</u>		Color or Race <u>Colored</u>		Age	—
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Herman Handy</u>		Father's Birthplace <u>D. A. Co., Md.</u>			
Mother's Maiden Name <u>Riceella Wilkins</u>		Mother's Birthplace <u>D. A. Co., Md.</u>			
Name of person giving information <u>Herman Handy</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>Don't know</u>
Immediate	<u>Heart failure</u>	How long	<u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Rowland H. Ford</u>	
		Address <u>Queens town, Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Marria Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pineburg Town O. A. Co County **MARYLAND**

Date of death 1908 Month March Day 22 Age 53 Years Months 11 Days 18

Sex Female Color or Race Black Birth-place O. A. Co

Occupation None Where Residing if not at place of death At So. Home

Married, Single or Widowed Widowed Name of Wife or Husband —

Father's Name Nelson Steward Father's Birthplace O. A. Co

Mother's Maiden Name Catherine Brown Mother's Birthplace O. A. Co

Name of person giving information Charles H. Johnson How related to deceased Son

## CAUSES OF DEATH

179

Primary

Heart failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. A. Nathan

Centerville

2 A. Co Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Rae Lewis

## CERTIFICATE OF DEATH

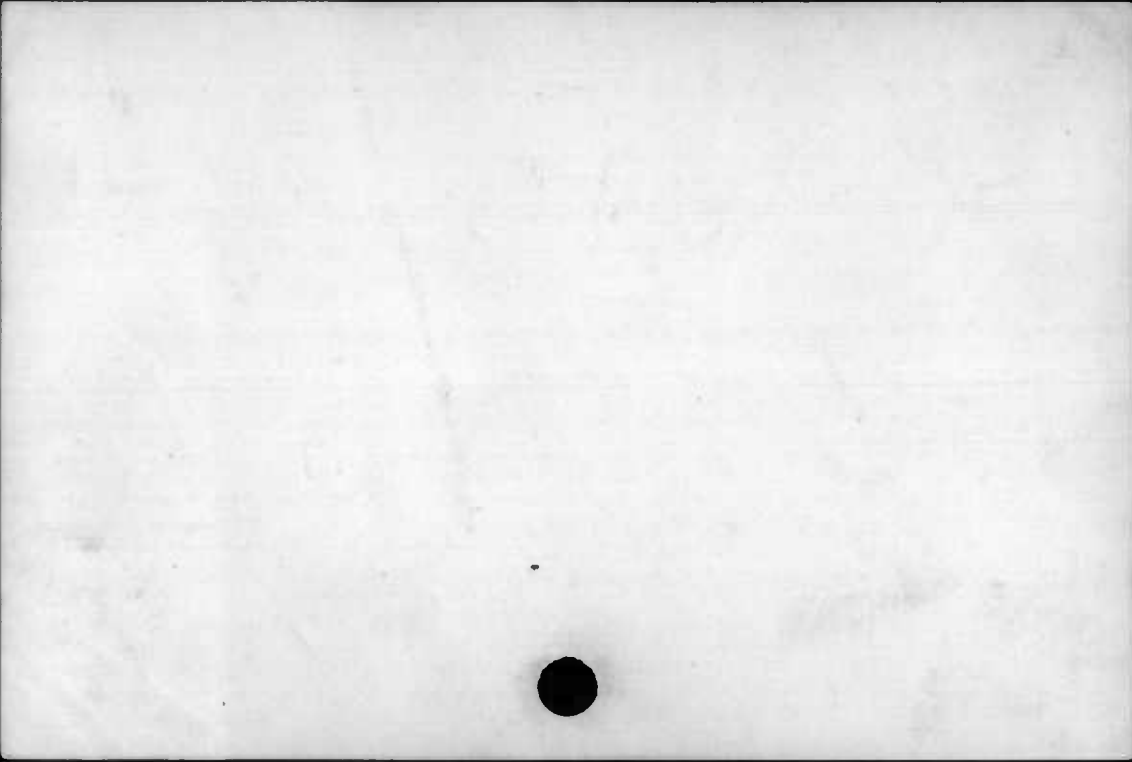
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Centerville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>		Month <i>3</i>	Day <i>3</i>	Years <i>13</i>	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne's</i>		
Occupation <i>School</i>			Where Residing if not at place of death <i>Kent Island Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. Lewis</i>		Father's Birthplace <i>2. C. Co Md</i>			
Mother's Maiden Name <i>Sallie Guinefort</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Presley Guinefort</i>		How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. G. G. M. D.</i>
	Address <i>Centerville Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Mrs Junie Mendick

## CERTIFICATE OF DEATH

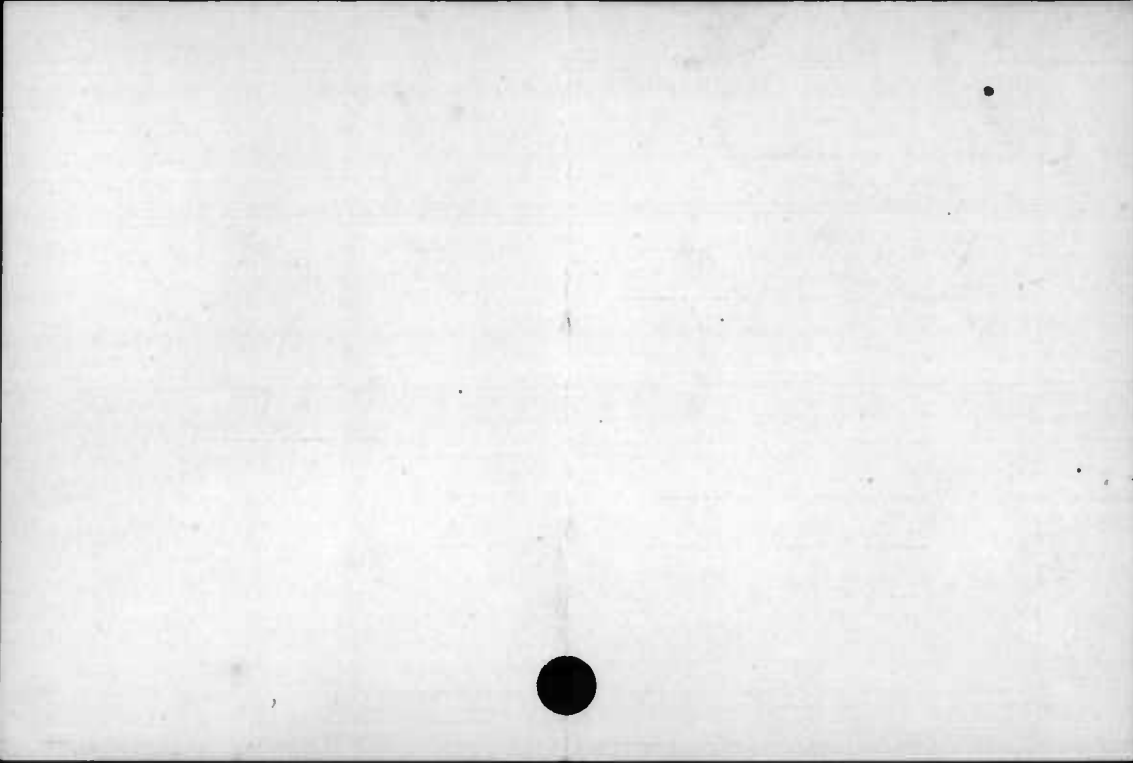
MARYLAND

Died at *Robert's* Town *2. a* CountyDate of death *1908* Month *3* Day *12* Age *4* Years Months *2* Days *7*Sex *Female* Color or Race *white* Birth-place *2. a les mer*Occupation *Housewife* Where Residing if not at place of death *Place of death*Married, Single or Widowed *married* Name of Wife or Husband *Jab. Mendick*Father's Name *Samuel Story* Father's Birthplace *2. a les*Mother's Maiden Name *Husputta Story* Mother's Birthplace *2. a. les*Name of person giving information *Jab Mendick* How related to deceased *Husband*

## CAUSES OF DEATH

108

Primary *Twisted Hernia* How long *4 or 5 yrs*Immediate *Strangulated Hernia* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. ...*Address *... ..*Accident or Suicide? *no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
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Full

Leon Burton Peters

## CERTIFICATE OF DEATH

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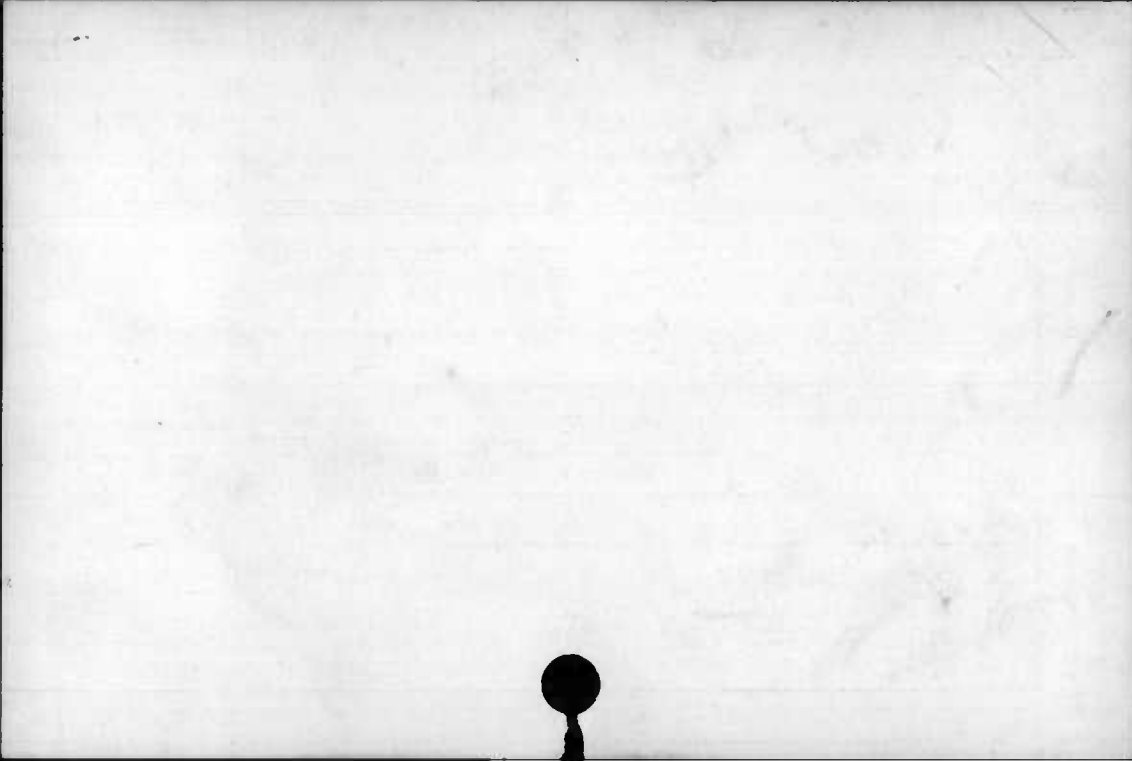
Died at <i>Wm's Sudsborough</i> <sup>Town</sup>		<i>Jenn anne</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>4</i>	Years <i>28</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmers</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Susan Peters</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mary Peters</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>George W Peters</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>1 1/2 years</i>
Immediate <i>Exhaustion, Debility</i>	How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo W Suds</i>
	Address <i>Sudsborough Ind</i>
Accident or Suicide?	



Name  
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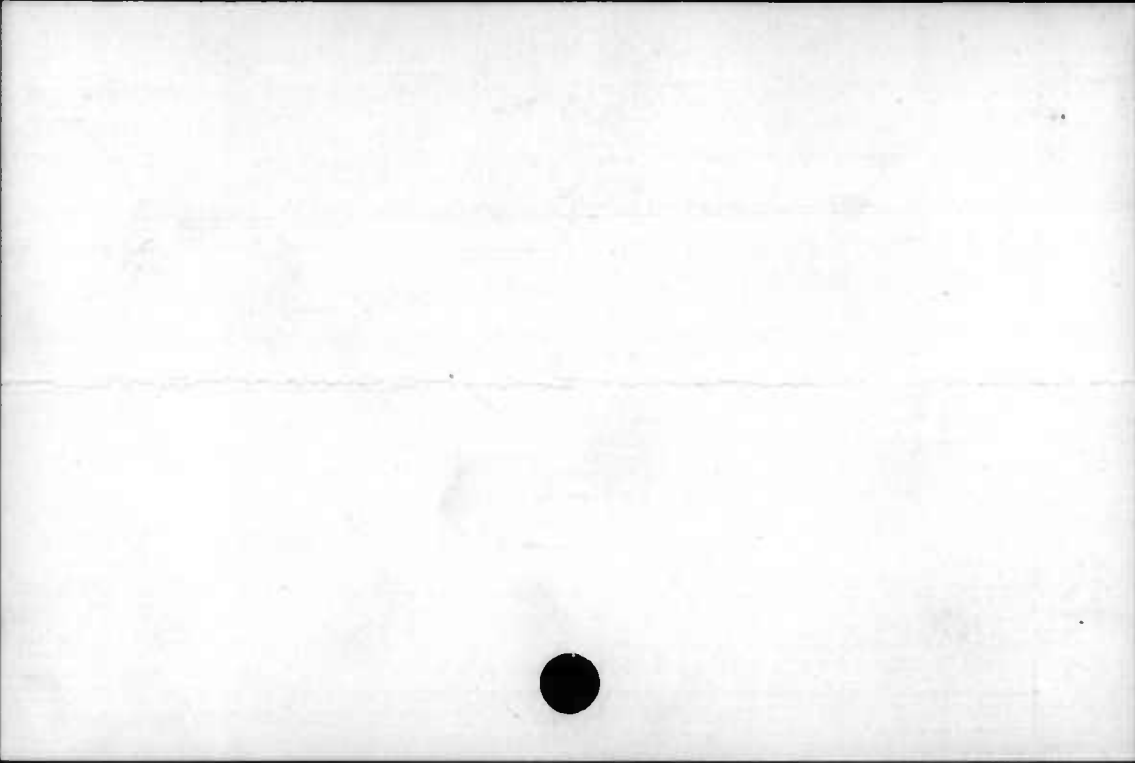
Died at <i>Town</i> <i>Town</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>3</i>	<i>21</i>	<i>76</i>		<i>10</i>
Sex	Color or Race	Birth-place		Days	
<i>Male</i>	<i>White</i>	<i>Dela</i>		<i>21</i>	
Occupation	Where Residing if not at place of death				
<i>Farmer</i>	<i>at home of son</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>widowed</i>	<i>Lathilda Reid</i>				
Father's Name	Father's Birthplace				
<i>Unknown</i>	<i>Dela</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Unknown</i>	<i>Dela</i>				
Name of person giving information	How related to deceased				
<i>James H. Reid</i>	<i>son</i>				

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	How long
<i>Accident &amp; general debility</i>	<i>6 weeks</i>
Immediate	How long
<i>Hypertensive Pneumonia</i>	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>H. E. Evans</i>
<i>Broken thigh, intracapsular fracture of hips rather</i>	Address
<i>Accident or Suicide?</i>	<i>Many del.</i>





Name  
in  
Full

John Taylor Rutter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ridgely R. R. No 2*

Town

*Queen Anne*

County

Date  
of death *1908*Month  
*March*Day  
*16*

Age

Years  
*72*

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*Keeper of the Insane at 24 hrs. at workhouse*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Annie Rebecca Hight*Father's  
Name*Harmon Rutter*Father's  
Birthplace*Not Known*Mother's  
Maiden Name*Susan Hurlock*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Mrs Annie Stack*How related  
to deceased*Daughter*

## CAUSES OF DEATH

79

Primary

*Heart Disease*

How long

*3 years*

Immediate

*Heart Failure*

How long

*Immediate*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Walter H. Fenby*

Address

*Centreville R.R. No 4  
Md.*

Accident or Suicide?



Name  
in  
Full

Thomas Fredrick Shellhouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Church Hill 24 63  
Town County

Date of death 1904 March 9 Day 23 Years  
Month

Sex Male Color or Race White Birth-place Balto Md  
Months Days

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mable G Fleming

Father's Name George Shellhouse Father's Birthplace Md

Mother's Maiden Name Fannie Wendeth Mother's Birthplace Md

Name of person giving Information Mrs Morris Fleming How related to deceased none

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Pneumonia How long 11 days

Immediate Asthenia How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. G. Leppage  
 Address Church Hill  
Md

Accident or Suicide? no



Name  
in  
Full

Ezekiel Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

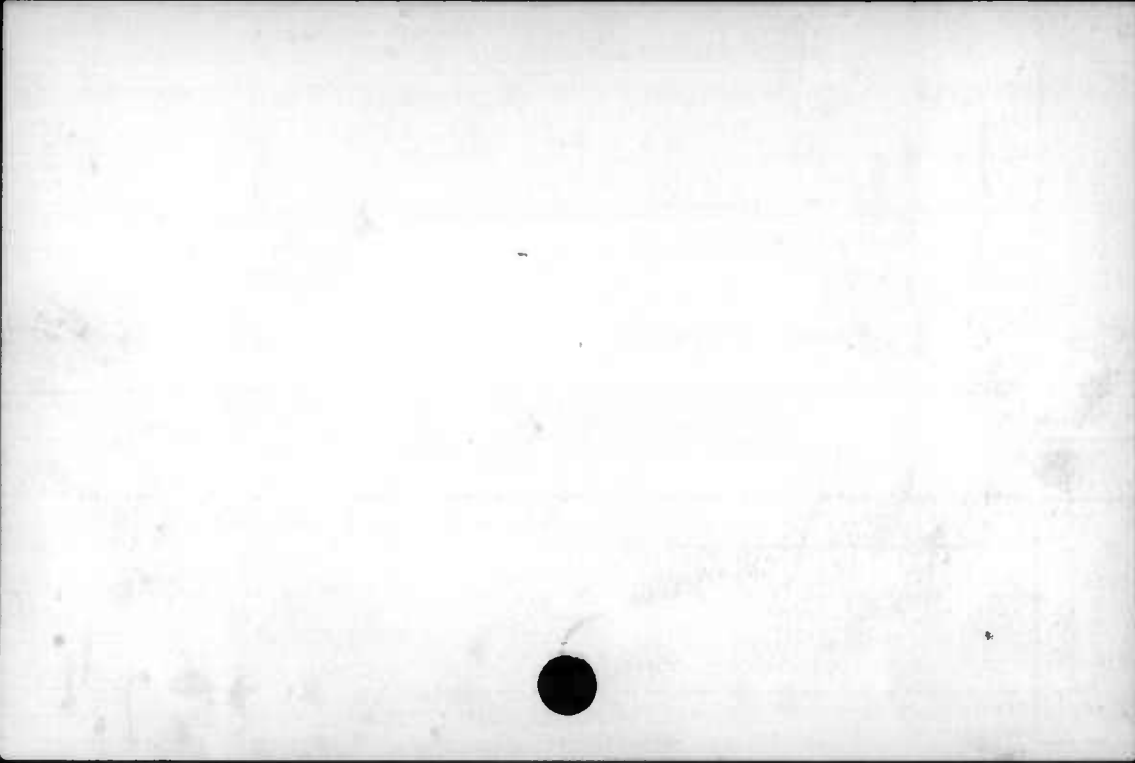
Died at <i>Perry Corn</i>		Town		County <i>2 a 60</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>5</i>	Age <i>52</i>	Years	Months <i>3</i>	Days <i>5</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Queen Annes</i>				
Occupation <i>Retiree</i>	Where Residing if not at place of death <i>Perry Corn</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clara Smith</i>						
Father's Name <i>Ezekiel Smith</i>	Father's Birthplace <i>Queen Annes Co</i>						
Mother's Maiden Name <i>Mary Roe</i>	Mother's Birthplace <i>Talbot Co</i>						
Name of person giving information <i>Clara B Smith</i>	How related to deceased <i>Patetic wife</i>						

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Don't know</i>
Immediate <i>Heart failure</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
Burial <i>Perry Corn</i>	Address <i>Queenstown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Harrison Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>County Home</u>		Town <u>Home</u>		County <u>2 Anne</u>	
Date of death	1908	Month	23	Day	23
Age	70	Years	70	Months	—
Sex	Male	Color or Race	Negro	Birth-place	2 A. 60
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Don't know		
Father's Name	Don't know		Father's Birthplace		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving information	Wm. Lester		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age & natural decay	How long	2 years
Immediate	Paresis	How long	1 year
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. A. Holton
		Address	Centerville Maryland
Accident or Suicide?	—		





Name  
in  
Full

Emma Jane Thomas

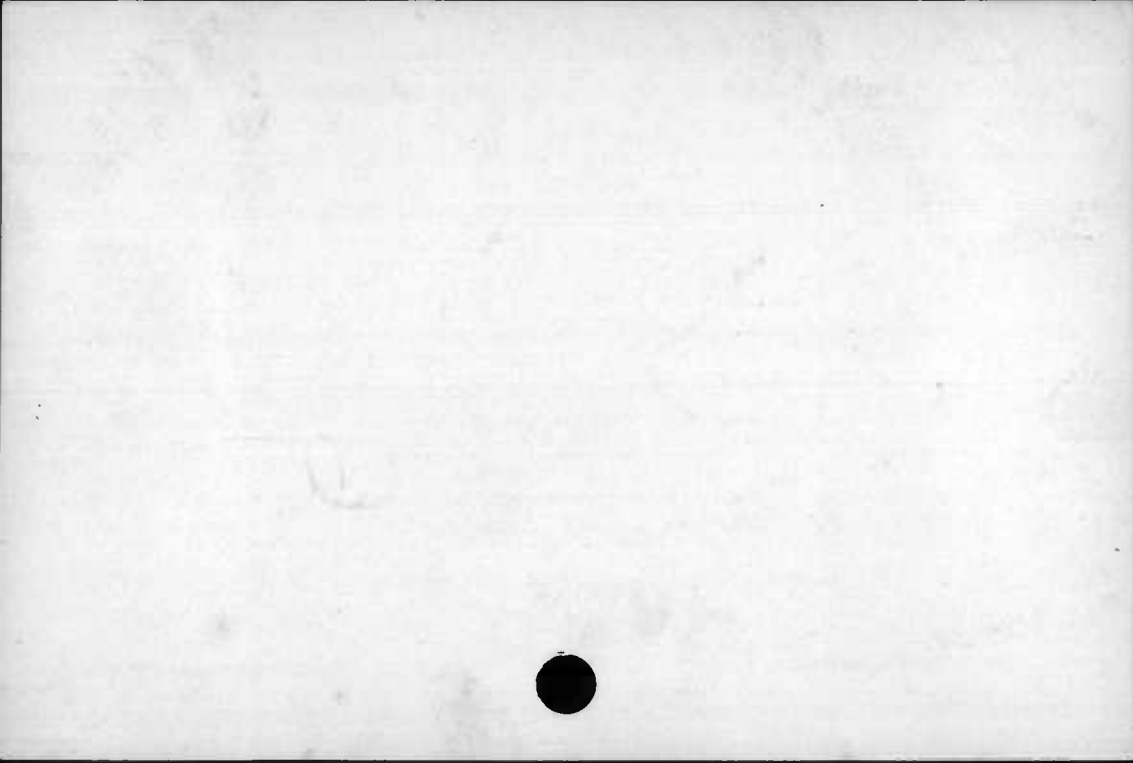
## CERTIFICATE OF DEATH

Died at <i>Centerville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	March	Day	12th
Age	Years		Months	Days	
			10	27	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>Centerville Md.</i>				
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>James H. Thomas</i>			Father's Birthplace	<i>Baltimore Co. Md.</i>
Mother's Maiden Name	<i>Frances A. Perry</i>			Mother's Birthplace	<i>Queen Anne Co.</i>
Name of person giving information	<i>James H. Thomas.</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

179

Primary	<i>Malnutrition</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. F. Smith</i>
		Address	<i>Centerville</i>
			<i>Md.</i>
Accident or Suicide?	<i>No.</i>		



Name  
in  
Full

Harry M. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

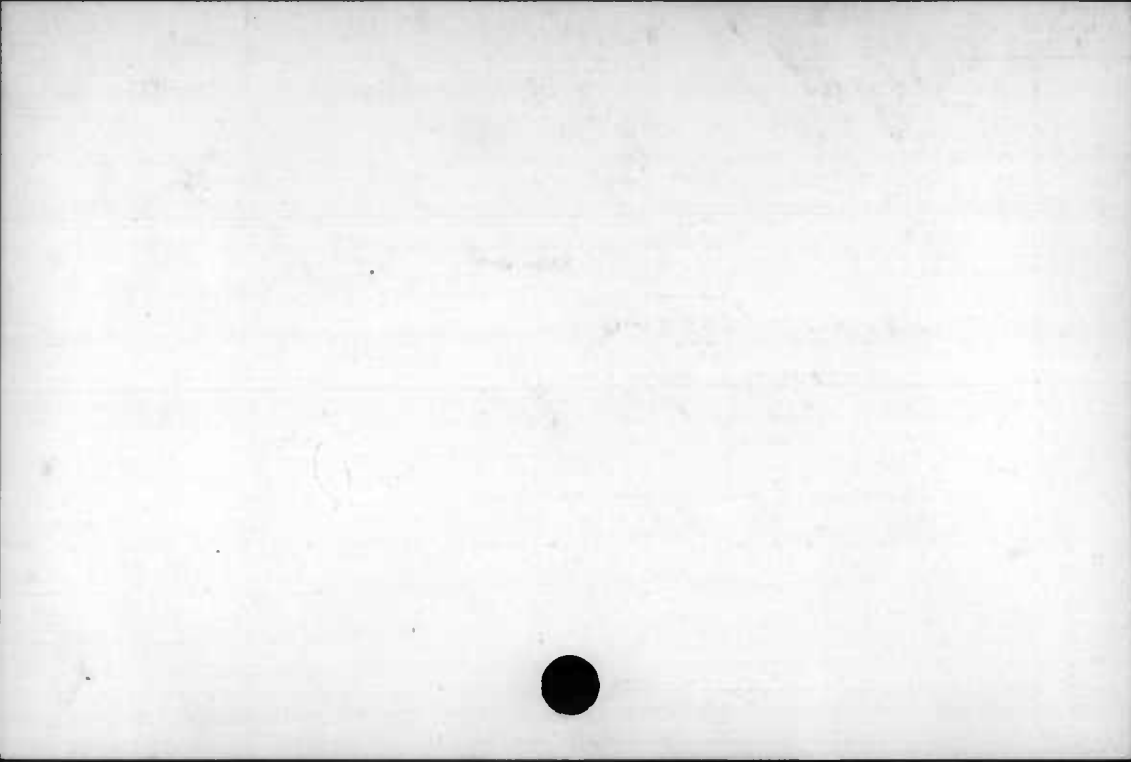
Died at <i>Ingleside</i> <sup>Town</sup>		<i>Furnace</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>20</i>	Age <i>36</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo.</i>		
Occupation <i>Farmer and Miller</i>		Where Residing if not at place of death <i>Mo.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Mattie T. Wilson</i>			
Father's Name <i>Benj. Wilson</i>		Father's Birthplace <i>Mo.</i>			
Mother's Maiden Name <i>Frances Hewitt</i>		Mother's Birthplace <i>Mo.</i>			
Name of person giving information <i>Chas P. Merrick</i>		How related to deceased <i>Brother in Law</i>			

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary <i>Boils, Typhoid Fever</i>	How long <i>Six months</i>
Immediate <i>Pyæmia, Heart failure</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Foster Suckers</i>
	Address <i>Suckersville Mo.</i>
Accident or Suicide?	



Name  
in  
Full

Mary Eliza Wilson

## CERTIFICATE OF DEATH

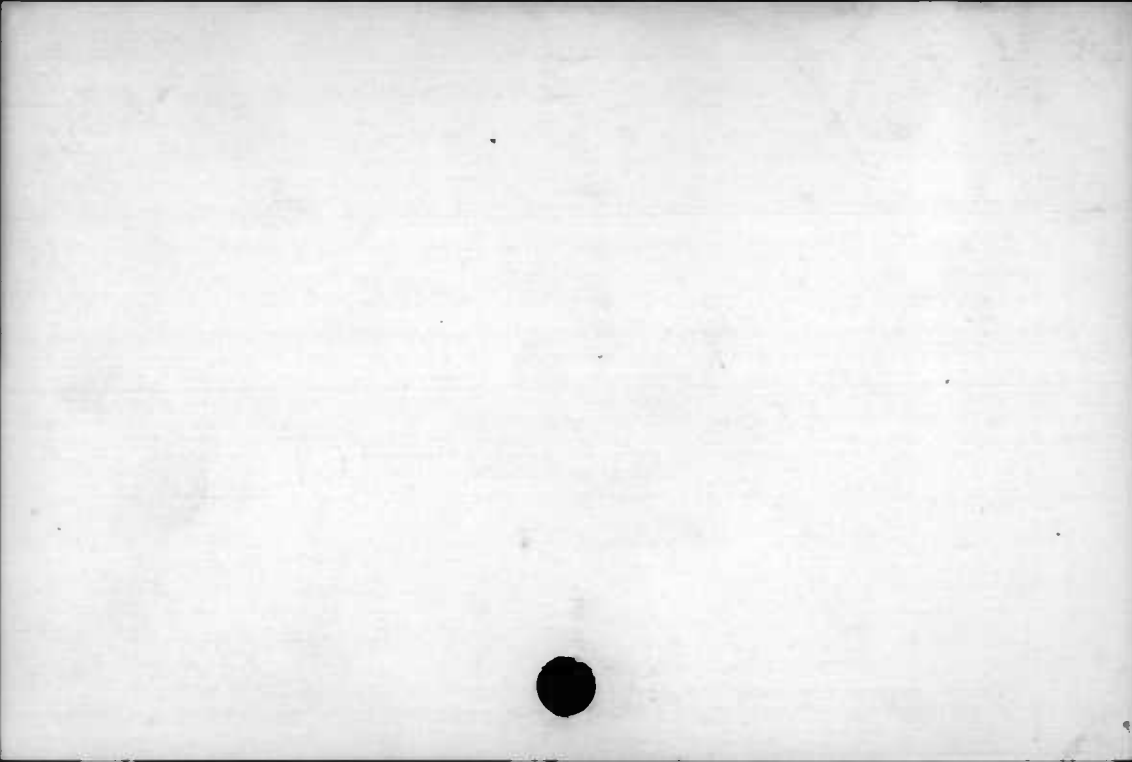
Died at <i>Centreville</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>27</i>	Age <i>47</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Cold. American</i>	Birth-place <i>Centreville</i>			
Occupation <i>House WIFE</i>	Where Residing if not at place of death <i>Centreville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. B. Wilson</i>				
Father's Name <i>Eliza Wilson</i>	Father's Birthplace <i>Centreville Md</i>				
Mother's Maiden Name <i>Mary E. Luxson</i>	Mother's Birthplace <i>Caroline Co. Md</i>				
Name of person giving information <i>Chas. B. Wilson</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

67

Primary	<i>Dementia Paralytica</i>	How long	<i>2 years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. F. Smith</i>
		Address	<i>Centreville.</i>
			<i>Md.</i>
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Unknown* Town *Chesapeake Bay* County

Died at *Chesapeake Bay*

Date of death *1908* Month *Feb* Day *3* Age  Years  Months  Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Unknown* Where Residing if not at place of death

Married, Single or Widowed *Unknown* Name of Wife or Husband

Father's Name  Father's Birthplace

Mother's Maiden Name  Mother's Birthplace

Name of person giving information *James McCh 5' 1908* How related to deceased

## CAUSES OF DEATH

172

How long

How long

PHYSICIAN  
OR CORONER

Primary

*Drowning*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Coroner Emory S Skinner  
Stevensville Md*

Accident or Suicide?

